SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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SOME OF THE MEDICAL ASPECTS OF STATE INSURANCE AGAINST INVALIDITY AND SICKNESS.

BY
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MEDICAL OFFICER OF HEALTH, CROYDON.

THOUGH one is hampered by the absence of precise information, there are certain advantages in discussing the medical aspects of State insurance at this stage. First, because there may still be opportunities for considered medical opinion to assist in moulding the scheme; and, secondly, because it is imperative that the medical profession should carefully weigh and consider the policy it should adopt when the scheme becomes law.

Though we are still very much in the dark, one gathers that the Government proposes that all persons in regular employment earning less than £150 a year shall be compelled to insure against sickness and invalidity. As to the number of persons that are likely to be included, no reliable estimate can at present be formed, but it is fairly certain that it will not be less than, say, the number of children attending elementary schools (one-sixth of the total population), and may be twice as large.

Concerning machinery, it seems to be agreed that those persons who are "attached" to approved friendly societies or trade unions will continue to draw their sick pay from these sources, and that the contributions of this class will be paid to a society or union selected by the insured and approved by the State. Obviously, however, the friendly societies and unions will not cover the whole ground. Many lives will be rejected by them for various reasons (for example, phthisis, syphilis, heart disease), and many persons will not elect to join a friendly society. For these "unattached" persons some new organization, national or local, will be required. The precise form of that organization depends very largely on the importance that is attached to the medical aspects of the scheme. It has been suggested that insurance against sickness can be undertaken independently of any scheme for medical attendance on the insured. In that case the local organization would be a very simple affair; the postmaster or the manager of the local labour exchange might be authorized to dispense sick pay to an insured person on the certificate of any medical man whose name appeared in the *Medical Register*. It is true that a few friendly societies do distribute sick pay on some such terms, but they are safeguarded by a system of medical referees and sick visitors and ample powers of expelling unworthy members.

A national scheme which provided sick benefit but made no arrangements for medical attendance would be foredoomed to failure, as it would obviously be open to all kinds of abuse. After all, too, the real interest of the State is not to pay a large amount in sick doles, but to prevent as far as possible the ravages of disease and to hasten the restoration to heath of the sick. The efficiency with which this can be done will, in turn, add to the value of the fund, inasmuch as larger sick benefits can be offered if the average amount of sickness is reduced. Adequate medical attendance means less malingering, less disease, and more rapid cure, with obvious advantage to the finances of the insurance fund.

Other disadvantages of a simple sick benefit scheme were pointed out by Dr. Lyster in a recent number of the BRITISH MEDICAL JOURNAL, and it is hardly necessary to labour the point. Doubtless these and similar considerations will appeal as strongly to the Government as they do to medical experts, and one may, therefore, assume that the insurance scheme will include medical attendance. That being so, some local authority will have to distribute sick pay and organize medical attendance for the insured who are not attached to friendly societies, or are attached to friendly societies which do not provide medical attendance. What that authority should be is a matter of great importance, not only to the medical profession, but to the community. It is hardly necessary to point out that the machinery of the labour exchanges working under the supervision of the Board of Trade is obviously unsuitable. Such an arrangement would lead to further overlapping, which is already such a great evil in medical administration, and would necessitate the appointment of a large and extensive central and local staff to supervise the new work. Such a plan would combine the maximum cost with the minimum efficiency, and certainly would not add to the comfort of the general practitioner, who would have one more authority concerned in his work, and in this instance a huge central organization, with little or no elasticity or possibility of adaptation to local needs.

Obviously the local invalidity authority must be linked up with other public medical organizations, and must therefore be associated either with the Poor Law or with the public health service. The former is obviously unsuitable, and need not be further considered.

Failing the Poor Law, it is suggested that the new medical service should be co-ordinated with the public health departments of the large towns and

administrative counties. The precise way in which this co-ordination should be brought about need not be discussed at the moment. Probably a committee of the public health authority, to which representatives of the insured and of contributing employers were added, would prove most suitable for the purpose. The essential point is the importance of associating the medical service of the insured with the general work of the health authority, for the following among other reasons: Public health work is no longer a matter only of environment, but also of personal hygiene combined with more and more actual treatment of disease. This is accentuated by recent legislation, especially by the medical inspection of school children, supervision of midwives, notification of births, etc.

Certain public health authorities already provide for the diagnosis and treatment of certain diseases such as enteric fever, diphtheria, scarlet fever, measles, whooping-cough, puerperal fever, ophthalmia, phthisis, and other forms of tuberculosis; and for the medical supervision of young infants, and for medical attendance in midwifery emergencies; also, through their Education Committees, for the treatment of diseases of the eye, ear, throat, skin, and teeth occurring among children attending elementary schools.

All experience points to the necessity of more medical assistance being necessary. This is specially obvious in relation to the discovery of slight and anomalous cases of infection, and particularly in connexion with the control of tuberculosis and the supervision of infants. In all these matters treatment and prevention merge into one another.

Lastly, many public health officials have noticed with regret that their activities are not always regarded with favour by medical practitioners. This is to be deplored, and the present seems an opportune time for facing the difficulties that have arisen in respect to midwifery, the treatment of school children, and other matters, and placing the relative positions of the general practitioners and health authorities on a satisfactory basis.

Assuming that a local invalidity committee is appointed in all the larger towns* and that the public health authority is fully represented thereon, how can a medical service be developed that will be satisfactory to the State, to the insured, and to the medical profession? It is suggested that the following, among other conditions, must be fulfilled:

1. There should be as little interference as possible with existing economic conditions.
2. The scheme should be capable of development, so as to meet the future increasing needs of the community in relation, for instance, to the treatment of phthisis, school clinics, etc.
3. There should be as complete a check as possible on malingerers, and for this reason all medical certificates should be subject to revision by local referees not engaged in competing practice among the insured. This would not only safeguard the insurance funds, but be appreciated by medical men who are pestered to give certificates which the condition of the patient does not warrant.
4. Subject to certain safeguards, there should be free choice of doctor.
5. Considerable local option, so that the exact details might be modified to suit local conditions.

It is suggested that the following scheme would fairly satisfy the requirements of the larger urban districts. The local authority should establish a sufficient number of clinics, staffed by salaried medical officers,† who would

1. Treat patients able to attend at the clinics.
2. Undertake special work, such as eye, ear, throat, skin, and dental diseases, tuberculin and vaccine treatment, and such surgical operations as did not need institutional treatment.
3. Sign or countersign all certificates for sick pay.
4. Be available for consultations, but not undertake domiciliary treatment.
5. Undertake certain duties now incumbent on the local authority, such as the medical inspection of school children, the treatment of eye, ear, throat, skin, and dental diseases in school children, the supervision of midwives, etc.

The local authority should also arrange with general practitioners paid on a capitation or other basis for the domiciliary treatment of the insured. Subject to certain safeguards, the insured who were attached to approved societies might choose their domiciliary attendant from those medical men available within a given area. This choice should be exercised annually, subject to the right of the medical man to decline to accept a patient.

Persons who were unattached to any friendly society should be treated at their homes by a medical man *nominated* for the purpose by the local authority. Many of these unattached persons would for various reasons (for example, chronic phthisis, rheumatism) make exceptional demands on their medical officer. This difficulty would be met by the fair distribution of the chronic cases among the medical men contracting with the local authority.

This scheme would make full use of the existing professional staff of the public health authority, and be readily capable of extension so as to include the medical treatment (on a contributory basis) of those not coming within the insurance scheme. Thus satisfactory arrangements could be made for the treatment of school children and for other members of the families of the insured.

* For the moment I am leaving rural districts out of consideration. Medical problems are in the main urban, and there would be no essential difficulty in adapting the scheme to less populous districts, though the facilities offered therein would naturally be less elaborate.

† Either part or whole time, according to the needs of the district and the special aptitudes of the officers.

Meetings of Branches & Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* Journal.]

LANCASHIRE AND CHESHIRE BRANCH:

Altrincham Division.

The fiftieth general meeting of this Division was held at the Brooklands Hotel, Brooklands, on March 9th, at 4.30 p.m. There were present: Drs. Garstang, Turner, H. S. Renshaw, Withers, Tattersall, C. E. Smith, H. G. Cooper, Blease, G. H. Smith, MacLaren, Owen-Jones, Agar Renshaw, Adolphe Renshaw, Chas. J. Renshaw, T. Ll. Fennell, Gough, Lyon, P. R. Cooper, G. E. Anderson, Ransome, Browne, and Melland, J. H. Taylor (associate member, Salford), and one visitor (Mr. Smith Whitaker, Medical Secretary). Dr. Garstang took the chair at 4.45 p.m.

Confirmation of Minutes.—The minutes of the forty-ninth meeting having been printed in an abbreviated form and circulated to every member of the Division, the Chairman moved that the minutes, with one slight correction, be adopted. To this the meeting agreed.

Apologies for Absence.—The Honorary Secretary reported that apologies had been received from Drs. Alan MacDougall, Leech, Savatard, Rhodes, Woodyatt, Williamson, Fennell, Hutton, Cross, and Clarke.

Election of Representative.—Dr. Gough proposed that Dr. Garstang be elected as the Representative for the Division at the Representative Meetings for 1911–12. Dr. Fennell seconded the proposal, and the meeting agreed unanimously. Dr. Gough was then proposed by Dr. H. G. Cooper as the Deputy Representative for the years 1911–12. This was seconded by Dr. Fennell and carried unanimously. Dr. H. G. Cooper, the Representative for this year, having resigned, proposed that Dr. P. R. Cooper be elected as the Representative for the remainder of the year 1911. This was seconded by Dr. Gough and carried.

Organization of Medical Attendance on the Provident Principle.—The Chairman then mentioned that the documents down for discussion, D 5, D 6, D 7, had been previously attended to by the Division, and moved that the meeting now proceed to Mr. Smith Whitaker's address. To this the meeting agreed.

Mr. SMITH WHITAKER then delivered an address. Dr. GABSTANG opened the discussion with a short speech, and moved a vote of thanks to Mr. Smith Whitaker for his very able and impartial address. Drs. P. R. COOPER, GOUGH, ADOLPHE RENSHAW, MELLAND, H. G. COOPER, and H. S. RENSHAW also took part in the discussion. Mr. SMITH WHITAKER afterwards replied to many of the points raised in the discussion.

Vote of Thanks.—The meeting then passed a hearty vote of thanks to Mr. Smith Whitaker.

Questions to Divisions.—The rest of the time was taken up with answering the "Questions to Divisions" on page 107 of the SUPPLEMENT, March 4th, 1911. The meeting adjourned at 7 p.m.

Dinner.—A dinner was afterwards held at the Brooklands Hotel to entertain Mr. Smith Whitaker.

METROPOLITAN COUNTIES BRANCH:

LAMBETH DIVISION.

AN ordinary meeting of this Division was held at St. Thomas's Hospital on Thursday, March 23rd, at 4 p.m., Dr. W. H. B. STODDART in the chair.

Minutes.—The minutes of the last meeting were read and confirmed.

Diplegia.—Dr. C. R. BOX read a paper on the syphilitic factor in the diplegias of infancy and childhood, which will be published.

Demonstration.—A demonstration of cases was given by the RESIDENT ASSISTANT SURGEON.

Votes of Thanks.—The proceedings terminated by votes of thanks to Dr. Box for his paper and to the governors of the hospital for their hospitality.

WALTHAMSTOW DIVISION.

THE first meeting of the county ward of the Walthamstow Division was held at Claybury Asylum, Woodford Bridge, on March 9th, by the kind invitation of the Chairman, Dr. ROBERT JONES. The following members were present: Drs. Robert Jones (Chairman), P. McGregor, G. Norman, P. Eldred, A. Berrill (Secretary), S. M. Dowling, P. Warner, R. W. Pearson, H. C. Linden, W. F. Erskine, Moore, C. T. Ewart, Baines, J. Grogono, F. Paine, and E. M. Goldie. The following attended as visitors: Drs. M. Flegg, Harris, Tomkins, and Vivian.

Subinvolution of Uterus after Delivery.—Dr. W. S. A. GRIFFITH introduced a discussion on the conditions which lead to subinvolution of the uterus after delivery, laying special stress on excessive lochia with the passage of clots and severe after-pains, and pointed out that the uterus at the termination of labour should not only be empty, but what was of equal importance, its cavity should be closed by the gentle apposition of the anterior and the posterior walls, the failure of this being a frequent cause of excessive lochia and of subinvolution. Ergot was of less value than irrigation of the uterus with an antiseptic douche at a temperature of 117° F. *Post-partum* haemorrhage might occur at the time of delivery, and might then be termed *immediate* in distinction to that which sometimes occurred in the early days of the puerperium, which might be termed "late" rather than "secondary," which had no clear meaning. Apart from the rare cases of sudden severe mental shock, this late haemorrhage was due to a portion of placenta left in the uterus, and no treatment was really effectual which did not include the removal of the fragment, which was best done by the finger rather than the curette. It must be borne in mind that the retention of even large portions of the placenta did not always lead to haemorrhage, and might be expelled spontaneously without any. Dr. Griffith then discussed some difficulties of lactation where the secretion was deficient, or from defect of the nipple the infant was unable to seize the nipple. He pointed out how quickly a baby detects these troubles and expresses its feelings by refusing to suck and by crying. He also referred to the use of an india-rubber bandage for over-distension of the breast and for the prevention of secretion in cases where it is undesirable for the mother to nurse. Dr. Griffith's paper led to an interesting discussion, especially on the value of ergot in subinvolution and the details necessary completely to empty the uterus.

OXFORD AND READING BRANCH:

OXFORD DIVISION.

A MEETING of the Division was held on Friday, March 17th, at the Radcliffe Infirmary, Oxford, at 3 p.m. Dr. TURRELL was in the chair, and over fifty members were present.

Confirmation of Minutes.—The minutes were read and confirmed.

State Insurance.—The SECRETARY gave notice of a special general meeting to be held on Friday, March 31st, to discuss and vote on the questions submitted to the Divisions concerning State insurance. The following members were elected to serve on a sub-committee to consider these questions in detail, prior to laying them before the general meeting: (1) Dr. Turrell (Chairman), (2) Dr. Duigan (Secretary), (3) Mr. Drew (Representative), (4) Mr. Dodds-Parker, (5) Dr. R. E. Yelf, (6) Dr. Alden.

Fees for Medical Examination for Insurance.—Dr. COLLIER proposed that the resolution passed by the Division in 1903, to the effect that:

> The medical practitioners of the Division should not accept any less fee than £1 1s. from insurance companies for sums of or over £100.

be circulated throughout the Division. This was seconded by Dr. H. THOMPSON, and carried *nemine contradicente.*

The meeting then proceeded to public business.

SOUTH-WESTERN BRANCH:

TORQUAY DIVISION.

AN ordinary meeting of this Division was held at the Paignton Cottage Hospital on March 10th at 4.30 o'clock, Dr. VICKERS in the chair. There were present Drs. Nisbet, Vickers, Coulross, Collyer, Odell, Wiggin, Bennett, and King.

Apologies for Non-attendance.—Letters were read from Drs. Greenwood, Michie, Adams, and Ellery-Trewhella regretting their inability to be present.

Confirmation of Minutes.—The minutes of the last meeting were read, confirmed, and signed.

Ethical Rules.—The ethical rules adopted by the Exeter Division were discussed and adopted by this Division.

Fees for Medical Examination for Life Insurance.—A letter from the Medical Secretary *re* fees offered by the Royal London Insurance Company was read and considered.

State Sickness and Invalidity Insurance.—The SUPPLEMENT to the issue of March 4th of the BRITISH MEDICAL JOURNAL was read and considered. Answers were given by the members present to all the questions. These will in due course be handed to the Division's Representative.

Vote of Thanks.—A vote of thanks to the Weekly Board of the Paignton Cottage Hospital for the use of their board room was proposed and carried.

WEST CORNWALL DIVISION.

Organization of Medical Attendance on a Provident Basis.—Meetings of this Division were held at Penzance on March 21st, and Truro on March 23rd, to consider the report on the organization of medical attendance on a provident or insurance basis. Nine members and four non-members were present at Penzance, and seventeen members and one non-member at Truro. The answers to the questions were fully discussed, and the opinions of those present at each meeting were fairly unanimous, except on the payment by fee-capitation question. At each meeting a large majority was in favour of the payment by fee system.

STAFFORDSHIRE BRANCH:

South Staffordshire Division.

A meeting of this Division, to which all the medical practitioners in Wolverhampton had been invited, was held in the Star and Garter Hotel on Thursday, March 16th, Dr. Malet in the chair. There were twenty-two members and two non-members present.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Medical Treatment of School Children.—The treatment of children found defective on medical inspection in the elementary schools was considered. Dr. Malet gave an outline of what had been discussed at the last meeting, for the benefit of those who were not present. Dr. Mactier proposed and Dr. Spackman seconded the following resolution:

> That while admitting the right of the school medical officer or his assistants to supervise the treatment of children found defective on inspection, the treatment of these children by the school medical officer or his assistants, when whole-time officers, is contrary to the interests of the profession and of the children and should therefore be opposed.

This was carried unanimously. Mr. Cholmeley proposed and Dr. Grout seconded:

> That Dr. Mactier be instructed to bring this resolution before the Representative Meeting in Birmingham in July.

Carried *nemine contradicente*. Dr. Deanesly then addressed the meeting, after which Dr. Edge proposed and Dr. Spain seconded the following resolution:

> That this meeting of medical practitioners of Wolverhampton and district are unanimously opposed to the appointment of a whole-time salaried medical officer for the treatment of children found defective on inspection in the elementary schools, and although not opposed to the establishment of a school clinic are of opinion that the clinic should be officered by local practitioners.

This was carried *nemine contradicente*. Dr. Craig, seconded by Dr. Bailey, then proposed as a rider:

> That it be an instruction to the Secretary in communicating with the Education Committee to request it to take every possible means to prevent the abuse of the proposed clinic by those who are able to pay reasonable fees for the treatment of their children.

This was also carried unanimously.

YORKSHIRE BRANCH.

The spring meeting of the Branch was held at the Huddersfield Infirmary on Wednesday, March 15th, Mr. Pye-Smith, President, in the chair.

Driffield Dispute.—This question was again discussed at some length, and the following resolution was adopted:

> That having decided a year ago not to take action in the Driffield dispute, as not primarily concerning the Yorkshire Branch, and having heard that the York Division, after careful consideration of the case, at the request of the East York Division, resolved not to take action in the matter, this council does not see its way to help in the initiation of a conference on the subject.

Transfer of Brighouse from the Bradford to the Halifax Division.—Both the Divisions concerned being willing to accede to the proposal, this proposed transfer was agreed to.

Police Regulations and Medical Fees.—This question was raised by the Halifax Division, who have arranged with the local police a scale of fees, and suggest that a similar scale should be arranged by the Branch with the county police. After some discussion it was decided not to draw up a special scale of fees. Members were requested to report to their Division or to the Branch if they ever had difficulty in obtaining adequate fees.

Report of Committee on Treatment of Defective School Children.

The committee appointed at Barnsley on November 2nd, 1910, to consider the question of the treatment of school children found to be defective have issued the following report: The following members, appointed by their respective Divisions, met at Leeds on February 23rd, 1911: The President (in the chair) and Drs. Forbes (Sheffield), Hillman (Wakefield, Pontefract, and Castleford), Johnstone (Harrogate), Metcalfe (Bradford), Roper (Leeds), Sadler (Barnsley), and the Honorary Secretary. After discussion, it was agreed as follows:

I. That, in the opinion of your committee, it is advisable that each Division of the Branch should seek a favourable opportunity for making known, either privately or officially, to the heads of its education authority or committee its willingness to discuss with them, informally or otherwise, the question of the medical treatment of defective school children.

II. That, whilst the draft model scheme of the British Medical Association on the subject contains much valuable suggestion, it should be borne in mind that it has been put forward as merely one among many possible plans, and your committee think that it should, in any case, be modified by the frank recognition of the right of education authorities, which provide the funds, to adequate representation on any committee charged with arranging the details of such schemes.

III. That, though the different conditions found in cities and large towns, in rural districts and in intermediate areas, prevent the recommendation of any uniform plan, your committee consider that the following points should be aimed at in making arrangements with education authorities, namely:

1. That it is desirable that any medical treatment carried out for an education authority should, whenever possible, be entrusted to local medical practitioners.

2. That such treatment should be adequately remunerated and should apply to those children only whose parents are unable to pay for medical treatment in the usual way.

3. That it should be restricted to (*a*) errors of refraction, (*b*) ringworm, and (*c*) dental disease.

Note.—With regard to the operative treatment of adenoids and enlarged tonsils, often involving general anaesthesia, your committee are of opinion (i) that few education authorities would be willing to accept responsibility for the risks of life involved; (ii) that it could not be efficiently or satisfactorily carried out without the provision of beds, (iii) that its adoption would be likely to lead to other fields of operative treatment being undertaken by education authorities, and (iv) that it is therefore better that it should be left to be provided, in the ordinary course, by medical practitioners in private and by public hospitals. The treatment of verminous heads is regarded by your committee as in the province of parents and nurses.

(Signed) R. J. Pye-Smith,
President.
Adolph Bronner,
Honorary Secretary.

This report was received and adopted by the Branch. It was decided to send a copy for publication in the British Medical Journal, and one to each Division Secretary.

Annual Reports and Financial Statements.—The annual reports and financial statements of the Divisions and of the Branch were read and adopted.

Dinner.—After the meeting twelve members dined together at the George Hotel.

GLASGOW AND WEST OF SCOTLAND BRANCH.

Medical Defence.

Dr. W. D. Macfarlane, Honorary Secretary of the Branch, asks us to state that the Memorandum on Medical Defence, published in the Supplement of March 25th, p. 153, is based on one issued by the South-Eastern Division of the Edinburgh Branch.

THE RED CROSS SOCIETY AND AMBULANCE TEACHING.

Major C. C. Fleming, D.S.O., Secretary of the British Red Cross Society, Scottish Branch, 137, Sauchiehall Street, Glasgow, sends the following correction with reference to a report read at a special meeting of the Perthshire Branch of the British Medical Association

held on January 27th, a report of which appeared in the SUPPLEMENT of March 18th, p. 137:

"The sole aim of the society in Scotland is to afford help to the medical departments of the services in time of war, and it is not intended to take the place of the St. Andrew's Ambulance Association, as stated in the report.

"The society is not a teaching body, but an organizing one for utilizing by means of Voluntary Aid Detachments the services of persons already trained in ambulance work for the Territorial Medical Service.

"The St. Andrew's Ambulance Association is already recognized by the society as its official teaching body, and it has patriotically taken in hand the qualifying on special terms of persons for membership in Voluntary Aid Detachments, and to this end it has conducted a large number of classes."

☞ *To ensure the insertion of notices in this column they must be received at the Central Offices of the Association not later than the first post on Tuesday.*

Association Notices.

ANNUAL REPRESENTATIVE MEETING, 1911.

DATE OF MEETING.

THE Annual Representative Meeting of the Association, 1911, will be held at Birmingham on Friday, July 21st, 1911, and following days, as may be required.

NOTICES OF MOTION: LAST DAY FOR RECEPTION.

ATTENTION is drawn to the fact that Notices of Motion from Divisions and Branches, for the consideration of the Annual Representative Meeting at Birmingham in July, relating either to the alteration of the By-laws, or to questions affecting the honour and interests of the profession (Article XXXI and By-law 35), must be published in the BRITISH MEDICAL JOURNAL not later than the issue of April 22nd, 1911, and for this purpose should be received by the Medical Secretary not later than Tuesday, April 11th, 1911.

By Order,
J. SMITH WHITAKER,
Medical Secretary.

COUNCIL MEETING.

A MEETING of the Council will be held at 2 o'clock in the afternoon of Wednesday, April 26th, in the Council Room at 429, Strand, London, W.C.

By Order,
GUY ELLISTON,
Financial Secretary and Business Manager.

March 23rd, 1911.

BRANCH AND DIVISION MEETINGS TO BE HELD.

EAST ANGLIAN BRANCH.—The spring meeting of the East Anglian Branch will be held at Framlingham, Suffolk, on Thursday, April 20th. Members wishing to read papers or show specimens should communicate at once with Dr. Gutch, Ipswich.—B. H. NICHOLSON, General Secretary, East Anglian Branch.

LANCASHIRE AND CHESHIRE BRANCH.—A meeting of the Branch Council will be held in Onward Buildings, Deansgate, Manchester, at 4.30 p.m., on Wednesday, April 12th.—F. CHARLES LARKIN, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: ALTRINCHAM DIVISION.—A general meeting of the Division will be held at the Greenbank Hotel, Northwich, on Wednesday, April 19th, at 4.45 p.m. Further particulars will be given in future notice.—H. G. COOPER, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: BLACKPOOL DIVISION.—A meeting of the members of this Division will be held on April 5th, 1911, at Jenkinson's Café, Blackpool, at 8 p.m. Agenda: (1) Apologies for absence. (2) Minutes of last general meeting. (3) Consideration of the report on the organization of State sickness insurance. (4) Any other business.—E. W. REES JONES, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—The discussion of the report of the Special Poor Law Reform Committee will be continued this day (Friday, March 31st) at 4 p.m., at the Kensington Town Hall, when the remaining questions will be answered.—H. BECKETT-OVERY, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: LAMBETH DIVISION.—The annual general meeting of this Division will be held on Thursday, May 4th, at 4 p.m., at Bethlem Royal Hospital. There will be a demonstration of cases in the hospital.

METROPOLITAN COUNTIES BRANCH: TOTTENHAM DIVISION.—An extraordinary meeting of this Division will be held this day (Friday, March 31st) at 9.15 p.m., at the Hornsey Conservative Association's Rooms, opposite Finsbury Park Station. Business: To formulate formal replies to the several questions appended to the Association's recent report on schemes of medical insurance, for immediate transmission to the Association, and to instruct the Division's Representative.—J. A. PERCIVAL BARNES, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WALTHAMSTOW DIVISION.—A special meeting of the Division will be held at the Walthamstow Hospital, Orford Road, on Tuesday, April 4th, 1911, at 4.30 p.m., to consider the report on "The Organization of Medical Attendance on the Provident or Insurance Principle," as published in the SUPPLEMENT to the JOURNAL, March 4th, 1911, and to answer the questions therein stated. All practitioners residing in the area, whether members or non-members of the Association, are cordially invited to attend.—A. POTTINGER ELDRED, Honorary Secretary.

SOUTH-EASTERN OF IRELAND BRANCH.—A meeting of this Branch, also a meeting of Branch Council and Local Division will be held at the Adelphi Hotel, Waterford, on Wednesday, April 5th, 1911, at 3.30 p.m. Agenda: (1) Minutes of last meeting. (2) Letters of apology. (3) Correspondence. (4) To consider report on medical attendance on the provident or insurance basis in connexion with Poor Law reform or other possible development (see SUPPLEMENT, BRITISH MEDICAL JOURNAL, March 4th). (5) To consider model rules for nursing associations (marked D 5 and D 6). (6) Any other business.—J. QUIRKE, Honorary Secretary, Piltown.

SOUTH MIDLAND BRANCH: BUCKINGHAMSHIRE DIVISION.—A meeting of the medical profession of Buckinghamshire will be held on Thursday, April 6th, at 3.30 p.m. sharp, at the Royal Bucks Hospital, Aylesbury, to consider the best course to adopt with regard to the forthcoming sickness and invalidity scheme. Agenda:—The various points of view to be discussed will be specially dealt with by the following:—Dr. Shaw: The advisability of an insurance scheme to meet the cost of medical attendance. Shall it include paupers? Dr. Wheeler: Should the Government include medical attendance in its scheme or not? Who should administer it? Should the Association actively oppose the friendly societies having the charge of it? Payment should be by fee for each visit, etc. Dr. Morrison: Salaried medical officers not advisable. Dr. Reynolds: That the medical profession should organize the insurance scheme. Dr. Graham: Payment by fixed rate per head. Dr. Larking: The wage limit question. Payment by fixed salary.—ARTHUR E. LARKING, Honorary Secretary.

CENTRAL MIDWIVES BOARD.

A MEETING of the Central Midwives Board was held at Caxton House, Westminster, on March 23rd, with Sir FRANCIS H. CHAMPNEYS in the chair.

Re-election of Member of Board.

A letter was received from the Secretary of the Midwives Institute announcing the re-election of Dr. George Ernest Herman as the representative of the institute on the Central Midwives Board.

District Medical Officer Summoned to Assist Midwife.

A letter was considered from the Clerk to the Willesden Guardians objecting to the district medica officer being summoned to assist a midwife in an emergency by means of an order on the relieving officer. The Board directed that the attention of the midwife be called to the necessity of complying strictly with the terms of Rule E 18, and that a copy of the

correspondence be sent to the Local Supervising Authority for Middlesex.

Admission to Midwives Roll.

A letter was considered from the Deputy-Registrar of Nurses and Midwives, New Zealand, asking the Board to admit to the roll women holding the State Midwifery Certificate of New Zealand, or alternatively to recognize training schools in the Dominion. The Board decided that the reply be: (*a*) That the Board has at present no power to grant reciprocal terms of treatment to women holding midwifery certificates in other parts of His Majesty's dominions. (*b*) That the Board will be pleased to consider the matter should Clause 12 of the Midwives (No. 2) Bill 1910, or a similar clause authorizing the Board to grant reciprocal terms, become law.

A letter was considered from Sister Henrietta of St. Michael's Home, Kimberley, Cape Colony, making a similar request with regard to women holding State Midwifery Certificates in South Africa. The Board decided that a reply similar to the last be sent.

Revision of Rules.

Sir George Fordham proposed a series of amendments to the draft rules, some of which were adopted. It was decided to send a copy of the rules as amended to each member of the Board. If the absent members approve, the Chairman will send them to the Privy Council.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

Surgeon T. F. O'Keefe, M.B., has been promoted to be Staff Surgeon, from February 11th, 1909. He was appointed Surgeon, February 11th, 1901.

Surgeon R. H. Atkins, M.B., is also promoted to be Staff Surgeon, from June 9th, 1910. His first appointment bears date June 9th, 1902.

The following appointments have been made at the Admiralty: Surgeon A. S. Paterson, M.B., to the *Hearty*, March 28th; Surgeon E. L. Markham, M.B., to the *Triton*, March 28th; Surgeon H. B. German to the *Jupiter*, April 5th; Surgeon E. B. Kenny, M.B., to the *King Alfred*, April 5th; Surgeon H. Burns, M.B., to the *Halcyon*, additional, for the *Spanker*, on recommissioning, April 11th; Fleet Surgeon P. M. May to the *Dreadnought*, on recommissioning, March 28th; Fleet Surgeon G. H. Foott, M.D., to the *Glory*, March 28th; Fleet Surgeon C. Bradley, M.D., to the *Glory*, April 1st.

ARMY MEDICAL SERVICE.

Royal Army Medical Corps.

Lieutenant W. J. Baker retires on retired pay, March 25th. His commissions are thus dated: Surgeon, February 5th, 1881; Surgeon-Major, February 5th, 1893; Lieutenant-Colonel, February 5th, 1901. He served in the South African war, 1899-1902, and was present in operations in the Orange Free State, in the Transvaal (action near Pretoria), in Cape Colony, and again in the Orange River Colony (actions at Colesberg) and the Transvaal; he has received the Queen's medal with three clasps and the King's medal with two clasps.

Lieutenant-Colonel A. E. Morris, M.D., has been appointed Senior Medical Officer, South Irish Coast Defence, vice Lieutenant-Colonel T. E. Noding.

Major D. D. Shanahan, who is serving in India, is appointed Staff Officer, Medical Mobilization Stores, from January 1st.

INDIAN MEDICAL SERVICE.

Surgeon-General C. P. Lukis, C.S.I., M.D., F.R.C.S., Director-General, is appointed to the charge of the duties of Sanitary Commissioner with the Government of India.

Surgeon-General H. W. Stevenson is granted privilege leave in combination with furlough under military rules for six months.

Lieutenant A. MacD. Dick, M.D., is appointed Specialist in Advanced Operative Surgery, Burma Division, from January 1st.

SPECIAL RESERVE OF OFFICERS.

Royal Army Medical Corps.

Sydney J. Higgins to be Lieutenant (on probation), February 15th.

TERRITORIAL FORCE.

Infantry.

Surgeon-Captain E. C. McCarthy, M.B., 6th Battalion Cheshire Regiment, resigns his commission, March 25th.

Royal Army Medical Corps.

Third Northern General Hospital.—James M. Beattie, M.D., to be Major, January 2nd.

First Scottish General Hospital.—Ashley W. Mackintosh, M.D. (late Major, First Highland Field Ambulance), to be Lieutenant-Colonel, whose services will be available on mobilization, February 25th.

Fourth Scottish General Hospital.—Captain James Weir, M.B., retires under the provisions of paragraph 75 of the Territorial Force Regulations, March 25th.

Attached to Units other than Medical Units.—Lieutenant T. P. Thomas to be Captain, February 16th. Captain J. G. Ronald, M.B., resigns his commission, March 22nd.

TERRITORIAL DECORATION.

The Territorial Decoration has been conferred upon the following officers: Colonel W. P. Whitcombe, Administrative Medical Officer, South Midland Division; Surgeon-Captain J. W. Rigby, 4th Battalion the Loyal North Lancashire Regiment; Lieutenant-Colonel H. J. Mackay, M.D., First South-Western Mounted Brigade Field Ambulance, R.A.M.C.; Lieutenant-Colonel T. S. Adair, M.B., Third West Riding Field Ambulance, R.A.M.C.; Lieutenant-Colonel J. V. W. Rutherford, First Northern General Hospital, R.A.M.C.; Major C. J. Marsh (retired), J. T. Thomas, and H. P. Berry, M.B., attached to units other than medical units; Surgeon-Major William Cox, Unattached List for the Territorial Force.

Vital Statistics.

REALTH OF ENGLISH TOWNS.

In seventy-seven of the largest English towns 8,571 births and 4,992 deaths were registered during the week ending Saturday last, March 25th. The annual rate of mortality in these towns, which had been 15.3, 14.9, and 15.4 per 1,000 in the three preceding weeks, declined to 15.2 per 1,000 last week. In London the death-rate was equal to 15.7 per 1,000, against 14.8, 14.8, and 15.1 in the three previous weeks. Among the seventy-six other large towns the death-rates ranged from 7.1 in King's Norton, 7.5 in West Hartlepool, 7.7 in Handsworth (Staffs), and 8.3 in Wolverhampton, to 21.4 in Grimsby, 22.6 in Swansea, 22.7 in Coventry, and 28.8 in Middlesbrough. Measles caused a death-rate of 3.2 in St. Helens, 3.8 in Coventry, 5.1 in Sheffield, 5.3 in Middlesbrough, 5.6 in Wigan, and 8.5 in Devonport; whooping-cough of 1.4 in Bradford, 1.5 in Rotherham, 1.6 in Norwich, 1.7 in Wigan, and 2.4 in Middlesbrough; and scarlet fever of 2.6 in Bury. The mortality from enteric fever and diphtheria showed no marked excess in any of the large towns, and no fatal case of small-pox was recorded during the week. Of the 4,992 deaths recorded in the seventy-seven towns last week, the causes of 31 were not certified either by a registered medical practitioner or by a coroner after inquest, and included 5 in Birmingham, 4 in Liverpool, and 3 each in Stoke-on-Trent, Preston, and Gatesbead. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,197, 1,166, and 1,121 at the end of the three preceding weeks, had further declined to 1,077 at the end of last week; 121 new cases were admitted during the week against 129, 120, and 146 in the three previous weeks. On Saturday last, March 25th, there were 32 cases of small-pox under treatment in the Metropolitan Asylums Hospital; one new case was admitted during the week, against 16, 10, and 1 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

During the week ending Saturday last, March 25th, 945 births and 633 deaths were registered in eight of the principal Scottish towns. The annual rate of mortality in these towns, which had been 15.9 and 16.8 per 1,000 in the two preceding weeks, further rose to 17.2 in the week under notice, and was 2.0 per 1,000 above the mean rate during the same period in the large English towns. The death-rates in the several Scottish towns ranged from 13.4 in Edinburgh and 14.0 in Aberdeen to 24.4 in Dundee and 24.6 in Greenock. The mortality from the principal infectious diseases averaged 1.5 per 1,000, and was highest in Dundee and Perth. The 299 deaths from all causes registered in Glasgow last week included 1 from enteric fever, 2 from measles, 1 from scarlet fever, 19 from whooping-cough, 4 from diphtheria, and 4 (of children under 2 years of age) from diarrhœa. Six deaths from whooping-cough were recorded in Dundee, 3 in Leith, and 2 in Edinburgh.

HEALTH OF IRISH TOWNS.

During the week ending Saturday, March 25th, 674 births and 472 deaths were registered in the twenty-two principal urban districts of Ireland, as against 612 births and 389 deaths in the preceding period. The annual death-rate in those districts, which had been 20.4, 19.3, and 17.4 per 1,000 in the preceding weeks, rose to 21.2 per 1,000 in the week under notice, this figure being 6.0 per 1,000 higher than the mean annual death-rate in the seventy-seven English towns for the corresponding period. The figures in Dublin and Belfast were 25.1 and 19.2 respectively, those in other districts ranging from 4.1 in Drogheda and 5.2 in Portadown, to 34.3 in Kilkenny and 37.0 in Tralee, while Cork stood at 21.9, Londonderry at 20.2, Limerick at 26.0, and Waterford at 13.6. The zymotic death-rate in the twenty-two districts averaged 1.0 per 1,000, as against 0.9 per 1,000 in the preceding week.

Hospitals and Asylums.

ROYAL HALIFAX INFIRMARY.

The report presented to the annual meeting of the Governors, held in Halifax on January 26th, showed the total number of persons treated during 1910 to have been 12,111, as against 10,839 in the previous year. The number of in-patients was 2,353, an increase of 274 on the previous year, and the daily average number of beds occupied was 125.8, against 118.3 in 1909. The average cost of in-patients was £3 10s. 10d., as against £3 16s. 2d. in 1909. The amount received from annual subscribers showed a falling off, and the board appealed for increased support.

JAMES MURRAY'S ROYAL ASYLUM, PERTH.

The annual report of Dr. A. R. Urquhart, the Medical Superintendent of this asylum, which contains the statistical tables for the year 1909, prepared by Dr. G. F. Oldershaw, shows that there were 127 patients in the asylum on January 1st, 1909, and 130 on the last day of the year. The total cases under treatment during the year numbered 167, and the average number daily resident 128.9. During the year 40 cases were admitted, 33 of whom were first admissions. Of the total number, in 17 the attacks were first attacks within three and in 4 more within twelve months of admission; in 9 not-first attacks within twelve months; in 8 of more than twelve months' duration, and 2 were congenital cases. The admissions were

classified according to the forms of mental disorder into: Mania of all kinds, 14; melancholia of all kinds, 14; dementia, 6; delusional insanity and congenital defect, 2 each; and confusional insanity and circular insanity, 1 each. Dealing as they do with very small numbers, not much significance can attach to the relative proportions of etiological factors. We see, however, that alcoholism was assigned in 5, and other toxins in 6 more; various bodily diseases in 33, bodily trauma in 2, physical stress in 2, and mental stress in 8. An heredity of insanity was ascertained in 27, an heredity of neuroses in 4, and of alcoholism in 2, giving a combined number of hereditary neuropathic factors in 33. In only 4 was a neuropathic heredity denied. During the year 10 were discharged as recovered, giving a recovery-rate on the admissions of 25.0 per cent.; also 15 as relieved, and 2 as not improved. During the year also 10 died, giving a death-rate on the average numbers resident of 7.75, as compared with 3.24 for the year previous. The deaths were due in 3 cases to pneumonia and influenza, and the remainder, in single numbers, to general paralysis, exhaustion after acute mania, chronic bronchitis, chronic Bright's disease, tuberculous peritonitis, and burns. All of those who died were, with one exception, elderly people. The general health was satisfactory; there were no entries of restraint or seclusion during the year, and accidents were slight and few in number. Dr. Urquhart says that the general principles of treatment remained unchanged; that certain new drugs, such as helmitol, were found of definite value; and he also speaks favourably of lactic acid bacilli in many cases of disorder of the alimentary system complicating mental affections, especially those of acute character.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

ABERYSTWITH INFIRMARY AND CARDIGANSHIRE GENERAL HOSPITAL.—House-Surgeon. Salary, £150 per annum.

BATH ROYAL UNITED HOSPITAL.—(1) House-Physician. (2) House-Surgeon. Salary, £80 per annum each.

BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.—(1) Assistant Surgeon. (2) Resident Medical Officer (male). Salary at the rate of £60 per annum.

BETHNAL GREEN INFIRMARY, Cambridge Heath, E.—Assistant Medical Officer. Salary at the rate of £100 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—(1) Senior Resident House-Surgeon. (2) Junior Resident House-Surgeon. Salary, £100 and £80 per annum respectively.

BIRKENHEAD UNION.—Senior Male Resident Assistant Medical Officer for the Infirmary and Sanatorium. Salary commencing at £120 per annum.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.—Two male House-Surgeons. Salary at the rate of £75 per annum.

BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—Assistant Pathologist. Salary, £100 per annum.

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN.—Junior Resident Officer. Salary, £90 per annum.

BUXTON: DEVONSHIRE HOSPITAL.—Pathologist. Salary at the rate of £250 per annum.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Resident House-Surgeon. Salary, £50 per annum.

COVENTRY AND WARWICKSHIRE HOSPITAL.—Junior House-Surgeon. Salary at the rate of £80 per annum.

DARLINGTON BOROUGH.—Medical Officer of Health. Salary, £500 per annum, increasing to £800.

DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, £120 per annum.

DORCHESTER ASYLUM.—Assistant Medical Officer. Salary commencing at £190 per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Medical Officer and Second Medical Officer (males) to Casualty Department. Salary at the rate of £100 and £40 per annum respectively.

HAMPSTEAD GENERAL HOSPITAL, N.W.—House-Surgeon. Salary at the rate of £70 per annum.

HARTLEPOOLS HOSPITAL.—House-Surgeon. Salary, £100 per annum.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—Assistant House-Surgeon (male). Salary at the rate of £50 per annum.

KING EDWARD VII MEMORIAL SANATORIUM FOR SHROPSHIRE.—Resident Medical Superintendent. Salary, £200 per annum.

LEEDS PUBLIC DISPENSARY.—Senior Resident Medical Officer. Salary, £200 per annum.

LONDON FEVER HOSPITAL, Islington, N.—Assistant Physician.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon. Salary, £60 per annum.

MANCHESTER: HULME DISPENSARY.—(1) Honorary Physician. (2) Honorary Surgeon.

MANCHESTER ROYAL INFIRMARY.—Director of the Cancer Research Laboratory. Salary, £300 per annum.

NEWCASTLE-ON-TYNE HOSPITAL FOR SICK CHILDREN.—Honorary Pathologist.

NORWICH CITY.—Assistant Medical Officer of Health. Salary, £150 per annum.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Male Assistant House-Surgeon. Honorarium, £20 for six months.

ROCHDALE INFIRMARY.—Junior House-Surgeon. Salary, £80 per annum, rising to £90.

ROYAL EAR HOSPITAL, Soho.—House-Surgeon. Honorarium, £40 per annum.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Female House-Physician. (2) Female House-Surgeon. (3) Senior Obstetric Assistant; salary, £50 per annum. (4) Clinical Assistant to Ophthalmic Surgeon.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Surgeon.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Clinical Assistants.

ST. ANDREWS UNIVERSITY.—Assistant Professor of Anatomy.

ST. HELENS COUNTY BOROUGH.—Assistant Medical Officer of Health. Salary, £250 per annum.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Two Medical Registrars.

SEAMEN'S HOSPITAL SOCIETY: DREADNOUGHT HOSPITAL.—(1) Two House-Physicians. (2) Two House-Surgeons. Salary at the rate of £50 per annum each.

STOCKPORT INFIRMARY.—Junior House-Surgeon (male). Salary, £80 per annum.

SUTHERLAND COUNTY.—Medical Officer of Health and School Medical Officer. Salary for combined offices, £350 per annum and £100 for expenses.

SWANSEA COUNTY BOROUGH.—Medical Officer of Health. Salary, £500 per annum.

SWANSEA GENERAL AND EYE HOSPITAL.—House-Physician. Salary at the rate of £75 per annum.

THROAT HOSPITAL, Golden Square, W.—Resident House-Surgeon. Salary, £75 per annum.

TRANSVAAL MINERS' PHTHISIS SANATORIUM, Springkell, Modderfontein.—Medical Superintendent. Salary, £1,000 per annum.

WEST BROMWICH DISTRICT HOSPITAL.—Senior House-Surgeon. Salary, £110 per annum.

WEST HAM AND EASTERN GENERAL HOSPITAL, Stratford, E.—(1) House-Surgeon. (2) Junior House-Physician. Salary, £100 and £75 per annum respectively.

YORK DISPENSARY.—Resident Medical Officer (male). Salary, £130 per annum.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces vacancies at Culross, co. Fife; Clackmannan, co. Clackmannan; and Buckfastleigh, co. Devon.

APPOINTMENTS.

ADAMS, Basil, B.M., B.Ch., Superintendent of the Tuberculosis Bureau at Durban, Natal.

BROWN, H. G., B.A.Cantab., M.R.C.S., L.R.C.P.Lond., Certifying Factory Surgeon for the Tredegar District, cos. Monmouth and Glamorgan.

COLE, Robert Henry, M.D.Lond., M.R.C.P., Lecturer on Mental Diseases and Mental Physiology to St. Mary's Hospital Medical School, vice T. B. Hyslop, M.D., F.R.S.E., resigned.

JONES, E. S., M.R.C.S., L.R.C.P.Lond., D.P.H., Certifying Factory Surgeon for the King's Cliffe District, co. Northampton.

PHILLIPS, Miles H., M.B., B.S.Lond., F.R.C.S.Eng., Honorary Acting Medical Officer of the Jessop Hospital for Women, Sheffield.

TUCKER, S., M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., D.P.H., House-Physician at the General Hospital, Tunbridge Wells.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Stoke-on-Trent.—The following appointments have been made:

Honorary Physician: John Russell, M.B., C.M.Aberd.

Honorary Surgeon: Reginald Alcock, M.B., Ch.B.Vict.

Assistant Honorary Physicians: George H. Sowry, M.D., B.S.Lond.; E. C. Myott, M.D., B.S.Lond.

Assistant Honorary Surgeons; Harold Hartley, M.D., B.S.Lond., F.R.C.S.; E. E. Young, M.S., M.B.Lond.

Medical Officer in Joint Charge of the Electrical Department: Hilton John, M.B., B.S.Lond.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTH.

NOYES.—On March 21st, at Tarporley, Cheshire, the wife of H. Francis G. Noyes, M.B., of a daughter.

MARRIAGE.

MACNAIR—PHORSON.—On March 28th, at North Bridge Street Presbyterian Church, Sunderland, David Macnair, M.B., Brunswick Terrace, Plymouth, to Winifred, only daughter of P. Phorson, Esq., of Glen Lea, Roker, and Braehead, Rothbury.

DEATHS.

CASTLE.—On March 19th, at 106, St. James's Square, Newport, Isle of Wight, Eliza Jane Hutton, the beloved wife of the late Henry Thomas Castle, Esq., M.D., J.P., aged 82 years.

CORCORAN.—On the 25th inst., at Nazareth, Palestine, Thomas Corcoran, of Loughborough, L.R.C.S.I., L.A.H.Dub., M.O.H. Loughborough, aged 58.

MACMANUS.—On March 26th, at Mayo House, Spencer Park, Wandsworth Common, Leonard Strong MacManus, M.D., son of the late James MacManus, of Killeaden House, Kiltimagh, co. Mayo, aged 54.

PALEY.—On March 13th, at Heathfield Lodge, Ealing, William Paley, M.D., formerly of Peterborough, in his 95th year.

WILLAN.—On March 24th, 1911, at 23, Claremont Place, Newcastle-on-Tyne, from gastro-enteritis, Eleanor Constantine, infant daughter of R. J. and Dorothy E. Willan. No flowers.

PUBLISHERS' ANNOUNCEMENTS.

Messrs. P. Blakiston's Son and Co. announce the publication of the seventh edition of a work entitled *Obstetric Nursing*, by Anna M. Fullerton, M.D., formerly Demonstrator of Obstetrics in the Woman's Medical College, Obstetrician and Gynaecologist to the Woman's Hospital, Philadelphia, etc.

RECENT PUBLICATIONS.

Ambulance Examination Questions. By D. M. Macdonald, M.D. 1911. Bristol: John Wright and Sons. (Double pott 16mo, pp. 24; price 6d. net.)

A fourth reprint of a series of questions habitually asked by the author by way of elaborating and driving home the information on first aid work supplied by lectures conforming to the syllabuses of different ambulance associations.

The Public Schools Year Book. Edited by H. F. W. Deane, M.A., F.S.A., and W. A. Evans, M.A. 1911. London: Year Book Press (care of Swan Sonnenschein and Co.). Twenty-second year of publication. (Crown 8vo, pp. 724; price 3s. 6d. net.)

The official book of reference of the Headmasters' Conference, containing an abstract of its proceedings. Information relative to the principal public schools is given, together with lists of entrance scholarships thereat; and information as to the conditions of admission to universities, the army, navy, civil service, and other professions. A useful book for parents.

DIARY FOR THE WEEK.

TUESDAY.

Royal College of Physicians of London, Pall Mall East, S.W., 5 p.m.—First Oliver-Sharpey Lecture by Dr. James Mackenzie: Heart Failure—An Analysis of the Present Day Conception of Heart Failure.

Royal Society of Medicine:

Pathological Section, Laboratory Meeting at the University College Hospital Medical School, Gower Street, W.C., at 8.30 p.m.

WEDNESDAY.

Royal Society of Medicine:

Balneological and Climatological Section, 15, Cavendish Square, W., 5.30 p.m.—Paper:—Dr. David Brown (Harrogate): Some Pharmacological Effects of the Strong Sulphur Water (Harrogate).

THURSDAY.

North-East London Clinical Society, Prince of Wales's Hospital, Tottenham, 4.15 p.m.—Dr. Howard Pirie: The Diagnosis of Obscure Conditions in the Chest, with Special Reference to New Growth, Aneurysm, and Enlarged Glands. Election of members.

Röntgen Society, King's College, Strand, at 8.15 p.m.—Papers:—(1) Professor Barkla: Secondary Rays. (2) Professor Wilson: An Improvement in High Tension Discharge Apparatus.

Royal College of Physicians of London, Pall Mall East, S.W., 5 p.m.—Second Oliver-Sharpey Lecture by Dr. James Mackenzie: Heart Failure—The Estimation of Heart Failure and the Value of Symptoms.

Royal Society of Medicine:

Obstetrical and Gynaecological Section, 11, Chandos Street, W., 8 p.m.—(1) Exhibition of Specimens. (2) Short communications:—Mr. J. Malcolm: Case of Ovarian Tumour obstructing Delivery and Fixed by Suction in the Pelvis. Mr. H. J. Paterson: Case of Suppurating Ovarian Cyst in a Girl aged 10 years. (3) Papers:—Mr. E. Hey Groves: A New Operation for the Radical Treatment of Flat Pelvis. Dr. Victor Bonney: Five Cases of Utriculoplasty for Uterine Haemorrhage, one of which was followed by Pregnancy and Labour.

FRIDAY.

Royal Society of Medicine:

Laryngological Section, 11, Chandos Street, W., 5 p.m.—Cases and Specimens will be shown by Drs. StClair Thompson and L. H. Pegler, and Messrs. Herbert Tilley and Walter Howarth.

POST-GRADUATE COURSES AND LECTURES.

Central London Throat and Ear Hospital, Gray's Inn Road, W.C.—Lectures: Tuesday, 3.45 p.m., Tracheoscopy, etc.; Friday, 3.30 p.m., Adenoids.

Manchester: Ancoat's Hospital Post-Graduate Clinic.—Thursday, 4.15 p.m., Demonstration of Cases by the Physicians and Surgeons of the Hospital.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m. each day: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Medical; Friday, Eye. Lectures at 5.15 p.m. each day will be given as follows: Monday, Trophic Lesions in Diabetes: Tuesday, Abdominal Emergencies from the Standpoint of the Physician; Wednesday, Emphysema and Its Consequences; Thursday, The Treatment of Middle-Ear Suppuration.

North-East London Post-Graduate College, Prince of Wales's General Hospital, Tottenham, N.—Monday, Clinics, 10 a.m., Surgical Out-patient; 2.30 p.m., Medical Out-patient, Nose, Throat, and Ear. Tuesday, 10 a.m., Medical Out-patient Clinic; 2.30 p.m., Operations. Clinics: Surgical, Gynaecological; 3.30 p.m., Medical In-patient. Wednesday, 2.30 p.m., Medical Out-patient: Skin and Eye Clinics; *X* Rays; 3 p.m., Demonstration of Cases of the Infectious Fevers (at the North-Eastern Fever Hospital, St. Ann's Road, N.). Thursday, 2.30 p.m., Gynaecological Operations; Clinics: Medical and Surgical Out-patient; 3 p.m., Medical In-patient. Friday, 2.30 p.m., Operations; Clinics: Medical Out-patient, Surgical, Eye; 3 p.m., Medical In-patient; 4.30 p.m., Demonstration of Cases of the Infectious Fevers (at the North-Eastern Fever Hospital, St. Ann's Road, N.).

West London Post-Graduate College, Hammersmith Road, W.—Daily arrangements: Medical and Surgical Clinics, *X* Rays and Operations, 2 p.m. daily. Monday, Gynaecology, 10 a.m.; Eye, 2 p.m. Tuesday, Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Wednesday, Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Eye, 2 p.m.; Gynaecology, 2 p.m. Thursday, Eye, 2 p.m.; Orthopaedics, 2 p.m. Friday, Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Saturday, Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Eye, 10 a.m.

CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.
MARCH.	
31 FRIDAY	KENSINGTON DIVISION, *Metropolitan Counties Branch*, Kensington Town Hall, 4 p.m. TOTTENHAM DIVISION, *Metropolitan Counties Branch*, Extraordinary Meeting, Hornsey Conservative Association's Rooms, opposite Finsbury Park Station, 9.15 p.m.
APRIL.	
1 SATURDAY ..	
2 Sunday ..	
3 MONDAY ..	
4 TUESDAY ..	LONDON: Regulations and Standing Orders Subcommittee, 9.30 a.m. LONDON: Organization Committee, 11.30 a.m. WALTHAMSTOW DIVISION, *Metropolitan Counties Branch*, Special Meeting, Walthamstow Hospital, Orford Road, 4.30 p.m.

Date.	Meetings to be Held.
APRIL *(continued).*	
5 WEDNESDAY	LONDON: Contract Practice Subcommittee, 10.45 a.m. LONDON: Medico-Political Committee, 2 p.m. LONDON: Joint Medico-Political and Public Health Committees, 3 p.m. BLACKPOOL DIVISION, *Lancashire and Cheshire Branch*, Jenkinson's Café, Blackpool, 8 p.m. SOUTH-EASTERN OF IRELAND BRANCH, Meeting of Branch, also Branch Council and Local Division, Adelphi Hotel, Waterford, 3.30 p.m.
6 THURSDAY ..	LONDON: Hospitals Committee. BUCKINGHAMSHIRE DIVISION, *South Midland Branch*, Royal Bucks Hospital, Aylesbury, 3.30 p.m.
7 FRIDAY ..	LONDON: Standing Library Subcommittee, 11.30 a.m. LONDON: Central Ethical Committee, 2 p.m. CITY DIVISION. *Metropolitan Counties Branch*, Conjoint Meeting with the Æsculapian Society, Metropolitan Hospital, Kingsland Road, 4 p.m.

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